Under the Paperwork Rec	AUCtion Act of 1995, no per	sons are required to respond t	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	d for use turn Office; U.S. (Intess it dispi	PI LUDH 7/31/2006, DEPARTMENT (BYS 3 V25d OMB	OVSBIDE (D8-0 OMB 0651-000 OF COMMERC
		EE DETERMINATIO	N RECORD	Applica	tion or Docket N	umber
	: AIMS AS FILED — P - (Column 1)		SMALL ENTITY	OR		R THAN ENTITY
FOR BASIC FEE	NUMBER FILED	NUMBER EXTRA	RATE - TEE		. KAIE	ru.
OTAL CLAIMS			375			
OEPENDENT CLAIMS	minus 20 s	•	x s =	OR.	X.5 :	5
7 CER 1.16(b))		. "	x 5 =			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				OR	X 5 =	
			+5=	OR	+5=	
I the difference in column	•		TOTAL	or	TOTAL	
2hr	S AS AMENDED - P	ART II	•	٠.		
1 1 0	40.40	Calumn 2) (Calumn 3)	SMALL ENTITY	OR		R THAN ENTITY
REA AI AMEI	FIER PR	IGHEST PUBLICER PRESENT EVIOUSLY EXTRA AID FOR	RATE ADDI-		RATE	ADDI- TIONAL
(37 CFR 1.10(cl)	Minus "	20:	FEE	-		FEE
Independent .	Minus ***	2	X 5	OR	X \$ =	

TOTAL

ADD'L FEE

5,	118/05	(Column 1)		(Column 2)	(Column 3)
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
o N	Telal (37 CFR 1.16(cl)	17	Minus	"20 ·	
MEN	Independent (3) CFR (16(6))	10	Minus	3	· 7
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

RATE	ADD+ TIONAL FEE		RATE	ADD TION.
ì		1		1
× \$=		OR	X \$ =	-
x s=		OR	x 200=	1400
+5 ====		OR	+ s e	
TOTAL ADD'L FEE		OR:	TOTAL ADD) FFF	1401

OR

. OR

TOTAL

ADO'L FEE

	,	(Column 1)		(Column 2)	(Column 3).	
NDMENT C		CLAIKS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Š	Total (D) CFR 1,1C(c))	1	Minus	"	3	
AMEN	(D' CFR 1.16(b))		Minus		*	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(d))					

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X 5=		OR	X 5 =	
X \$=		OR	x \$ =	. :
+5=		OR	+ s =	
ADD'L FEE		OR-	TOTAL ADDL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number legand in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to like (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, should be sent to the Chief Information Officer, U.S. Department of Commerco, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and solect option 2.